

DIDS PROBLEM REPORT

PART I - (To be completed by reporting Service or Agency)

TO:	FROM (Reporting Service/Agency):
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1. PROBLEM CONTROL NUMBER			2. PROBLEM PRIORITY ("X" Applicable box)		
a. ACTIVITY	b. JULIAN DATE	c. SEQUENCE	a. <input type="checkbox"/> MAJOR	b. <input type="checkbox"/> CRITICAL	c. <input type="checkbox"/> ROUTINE
			3. SERVICE OR AGENCY CONTACT POINT (Name of person and telephone number)		

4. SERVICE OR AGENCY ACTIVITY CODE(S)	5. DOCUMENT IDENTIFIER CODE(S)
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6. NIIN(S), PSCN(S) OR SCN(S)	7. AUTODIN TRANSMISSION MESSAGE NUMBER(S)
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8. TRANSACTION DOCUMENT CONTROL NUMBER(S)	9. DATE TRANSACTIONS TRANSMITTED TO DLSC
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10. PROBLEM DESCRIPTION (Continue on reverse side if necessary)

11a. TYPED NAME OF RESPONSIBLE OFFICIAL	11b. SIGNATURE	11c. DATE SIGNED
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PART II - (To be completed by DLSC)

TO:	FROM:
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12. PROBLEM RESOLUTION (Continue on reverse side if necessary)

13a. TYPED NAME OF RESPONSIBLE OFFICIAL	13b. SIGNATURE	13c. DATE SIGNED
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